

<i>SERFF Tracking Number:</i>	<i>PRGS-125377084</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Progressive Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>L070876-AR-RV</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0003 Recreational Vehicle</i>
<i>Product Name:</i>	<i>RV (Pet End)</i>		
<i>Project Name/Number:</i>	<i>Pet Injury and Personal Effects Coverage Endorsement/L070876-AR-RV</i>		

## Filing at a Glance

Companies: Progressive Casualty Insurance Company, Progressive Direct Insurance Company, Progressive Northwestern Insurance Company

Product Name: RV (Pet End)	SERFF Tr Num: PRGS-125377084	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 19.0003 Recreational Vehicle	Co Tr Num: L070876-AR-RV	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
	Author: Pdpg 4	Disposition Date: 12/18/2007
	Date Submitted: 12/13/2007	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 03/31/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: Pet Injury and Personal Effects Coverage Endorsement	Status of Filing in Domicile:
Project Number: L070876-AR-RV	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/18/2007	
State Status Changed: 12/18/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The Pet Injury and Personal Effects Coverage Endorsement – Form Z561 (11/07) is a new coverage being provided to our Motor Home customers. All customers that have Collision Coverage on at least one vehicle on their policy will get \$500 in Pet Injury Coverage. Pet Injury Coverage provides up to \$500 per accident for injury or death to the insured's dog or cat that is injured in an auto accident while inside the insured's vehicle. This new endorsement will be sent to all new business and renewal customers with Collision Coverage on their policy at no additional charge.

<i>SERFF Tracking Number:</i>	<i>PRGS-125377084</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Progressive Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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In addition, this endorsement also changes the Personal Effects Coverage from an excess coverage to a primary coverage as a benefit for our insureds.

This is an endorsement to the Arkansas Motor Home Policy, Form 9635 AR (12/07) and the Arkansas Travel Trailer Policy, Form 3649 AR (12/07), which are pending approval under Arizona File # AR-PC-07-026432.

## Company and Contact

### Filing Contact Information

Mary B. Sullivan, Corporate Counsel	mary_b_sullivan@progressive.com
6300 Wilson Mills Rd, N72	(440) 395-3769 [Phone]
Mayfield Village, OH 44143	(440) 395-3790[FAX]

### Filing Company Information

Progressive Casualty Insurance Company	CoCode: 24260	State of Domicile: Ohio
6300 Wilson Mills Road	Group Code: 155	Company Type:
Mayfield Village, OH 44143	Group Name:	State ID Number:
(440) 461-5000 ext. [Phone]	FEIN Number: 34-6513736	

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Progressive Direct Insurance Company	CoCode: 16322	State of Domicile: Ohio
6300 Wilson Mills Rd, N72	Group Code: 155	Company Type:
Cleveland, OH 44143	Group Name:	State ID Number:
(440) 461-5000 ext. [Phone]	FEIN Number: 34-1524319	

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Progressive Northwestern Insurance Company	CoCode: 42919	State of Domicile: Ohio
6300 Wilson Mills Road	Group Code: 155	Company Type:
Mayfield Village, OH 44143	Group Name:	State ID Number:
(440) 461-5000 ext. [Phone]	FEIN Number: 91-1187829	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	

<i>SERFF Tracking Number:</i>	<i>PRGS-125377084</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Progressive Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>L070876-AR-RV</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0003 Recreational Vehicle</i>
<i>Product Name:</i>	<i>RV (Pet End)</i>		
<i>Project Name/Number:</i>	<i>Pet Injury and Personal Effects Coverage Endorsement/L070876-AR-RV</i>		
<b>Per Company:</b>	<b>No</b>		

SERFF Tracking Number: PRGS-125377084 State: Arkansas  
First Filing Company: Progressive Casualty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: L070876-AR-RV  
TOI: 19.0 Personal Auto Sub-TOI: 19.0003 Recreational Vehicle  
Product Name: RV (Pet End)  
Project Name/Number: Pet Injury and Personal Effects Coverage Endorsement/L070876-AR-RV

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Progressive Casualty Insurance Company	\$50.00	12/13/2007	17099355
Progressive Direct Insurance Company	\$0.00	12/13/2007	
Progressive Northwestern Insurance Company	\$0.00	12/13/2007	

SERFF Tracking Number:	PRGS-125377084	State:	Arkansas
First Filing Company:	Progressive Casualty Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	L070876-AR-RV		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0003 Recreational Vehicle
Product Name:	RV (Pet End)		
Project Name/Number:	Pet Injury and Personal Effects Coverage Endorsement/L070876-AR-RV		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	12/18/2007	12/18/2007

<i>SERFF Tracking Number:</i>	<i>PRGS-125377084</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Progressive Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>L070876-AR-RV</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0003 Recreational Vehicle</i>
<i>Product Name:</i>	<i>RV (Pet End)</i>		
<i>Project Name/Number:</i>	<i>Pet Injury and Personal Effects Coverage Endorsement/L070876-AR-RV</i>		

## Disposition

Disposition Date: 12/18/2007  
Effective Date (New): 03/31/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing</b>	0.000%
<b>Overall Percentage Rate Impact For This Filing</b>	0.000%
<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	0

SERFF Tracking Number:	PRGS-125377084	State:	Arkansas
First Filing Company:	Progressive Casualty Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	L070876-AR-RV		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0003 Recreational Vehicle
Product Name:	RV (Pet End)		
Project Name/Number:	Pet Injury and Personal Effects Coverage Endorsement/L070876-AR-RV		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Certificate of Readability	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Pet Injury and Personal Effects Coverage Endorsement	Approved	Yes

SERFF Tracking Number: PRGS-125377084 State: Arkansas

First Filing Company: Progressive Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: L070876-AR-RV

TOI: 19.0 Personal Auto Sub-TOI: 19.0003 Recreational Vehicle

Product Name: RV (Pet End)

Project Name/Number: Pet Injury and Personal Effects Coverage Endorsement/L070876-AR-RV

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Pet Injury and Personal Effects Coverage Endorsement	Z561	11/07	Endorsement/Amendment/Conditions		50.00	Z561 (11-07) 3c (filing).pdf



**PET INJURY AND PERSONAL EFFECTS COVERAGE ENDORSEMENT**

Terms that are defined and displayed in bold font in "your" policy appear in this endorsement in quotation marks, and have the same meaning as in "your" policy, whether in the singular, plural, or any other form. Terms that are defined in this endorsement also appear in quotation marks, and have the same meaning as indicated below, whether in the singular, plural, or any other form.

"Your" policy is amended as follows:

1. The following Pet Injury Coverage is added to the Damage To A Vehicle section of "your" policy:

**INSURING AGREEMENT – PET INJURY COVERAGE**

If "you" have purchased Collision and Comprehensive Coverage for at least one "covered vehicle" under "your" policy and "your pet" sustains injury or death as a result of a collision or comprehensive "loss" involving any "covered vehicle" or "non-owned vehicle", "we" will pay up to \$500 for:

1. reasonable and customary costs incurred by "you" or a "relative" for veterinary fees arising from such collision or comprehensive "loss"; or
2. "your pet's replacement cost" if "your pet" dies in the "accident."

Pet Injury Coverage applies only if "your pet" is inside the "covered vehicle" or "non-owned vehicle" at the time of the "accident."

**ADDITIONAL DEFINITIONS**

The following definitions apply to this coverage:

1. "Your pet" means any dog or cat owned by "you" or a "relative."
2. "Your pet's replacement cost" means the cost to replace the deceased dog or cat with one of like kind and quality. It does not include any amounts for veterinary bills, training, or any other amounts other than the cost to replace the pet itself.

**EXCLUSION**

Pet Injury Coverage will not apply if "loss" to the "vehicle" carrying "your pet" is excluded under the Damage To A Vehicle section of "your" policy.

**LIMITS OF LIABILITY**

The most "we" will pay for all damages under Pet Injury Coverage with respect to any one "accident" is a total of \$500 regardless of the number of dogs or cats that are injured or die in that "accident." The following additional provisions apply:

1. If "your pet" is injured as a result of a covered "accident", "we" will pay for all necessary medications and procedures prescribed by "your pet's" veterinarian for treatment of such covered injury.
  2. If "your pet" dies in a covered "accident", "we" will pay "your pet's replacement cost" whether "your pet" is actually replaced or not.
  3. No deductible shall apply to this coverage.
2. The Other Insurance provision is deleted from the Personal Effects Coverage section of "your" policy and is replaced by the following:

**OTHER INSURANCE**

If there is other similar insurance, "we" will pay only "our" share of the "loss." "Our" share is the proportion that "our" limit of liability bears to the total of all applicable limits of liability. Any insurance "we" provide under this Personal Effects Coverage will be:

1. primary over any coverage provided by homeowners, tenants, renters, condominium, unit-owners, cooperative, recreational, or other insurance; and
2. excess over any other collectible source of recovery.

All other terms, limits and provisions of this policy remain unchanged.

Form Z561 (11/07)

<i>SERFF Tracking Number:</i>	<i>PRGS-125377084</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Progressive Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>L070876-AR-RV</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0003 Recreational Vehicle</i>
<i>Product Name:</i>	<i>RV (Pet End)</i>		
<i>Project Name/Number:</i>	<i>Pet Injury and Personal Effects Coverage Endorsement/L070876-AR-RV</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PRGS-125377084 State: Arkansas  
First Filing Company: Progressive Casualty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: L070876-AR-RV  
TOI: 19.0 Personal Auto Sub-TOI: 19.0003 Recreational Vehicle  
Product Name: RV (Pet End)  
Project Name/Number: Pet Injury and Personal Effects Coverage Endorsement/L070876-AR-RV

## Supporting Document Schedules

		Review Status:	
<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	Approved	12/18/2007

**Comments:**

**Attachment:**

NAIC P&C Transmittal Doc.pdf

		Review Status:	
<b>Satisfied -Name:</b>	Certificate of Readability	Approved	12/18/2007

**Comments:**

**Attachment:**

Readability Certificate for Z561 \_11-07\_.pdf

		Review Status:	
<b>Satisfied -Name:</b>	Cover Letter	Approved	12/18/2007

**Comments:**

**Attachment:**

12-13-07 Pet End Cvr Ltr for AR RV.pdf

## Property &amp; Casualty Transmittal Document


<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
The Progressive Group of Insurance Companies	155

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
PROGRESSIVE CASUALTY INSURANCE COMPANY	OH	24260	34-6513736	
PROGRESSIVE DIRECT INSURANCE COMPANY	OH	16322	34-1524319	
PROGRESSIVE NORTHWESTERN INSURANCE COMPANY	OH	42919	91-1187829	

<b>5. Company Tracking Number</b>	<b>L070876-AR-RV</b>
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Mary B. Sullivan 6300 Wilson Mills Rd, N72B Mayfield Village, OH 44143	Corporate Counsel	440-395-3769	440-395-3790	Mary_B_Sullivan@Progressive.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Mary B. Sullivan		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	19.0 Personal Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	19.0003 Recreational Vehicle
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	N/A
<b>12. Company Program Title</b> (Marketing title)	N/A
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 03-31-2008 Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	12-13-2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

# Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	L070876-AR-RV
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<b>21. Filing Description</b>	[This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Included in this filing is the above-referenced form for your review and approval. The date we propose to begin using this form is March 31, 2008. We will notify you if this date changes. This form does not affect rates.

The Pet Injury and Personal Effects Coverage Endorsement Form Z561 (11/07) is a new coverage being provided to our Motor Home customers. All customers that have Collision Coverage on at least one vehicle on their policy will get \$500 in Pet Injury Coverage. Pet Injury Coverage provides up to \$500 per accident for injury or death to the insured's dog or cat that is injured in an auto accident while inside the insured's vehicle. This new endorsement will be sent to all new business and renewal customers with Collision Coverage on their policy at no additional charge.

In addition, this endorsement also changes the Personal Effects Coverage from an excess coverage to a primary coverage as a benefit for our insureds.

This is an endorsement to the Arkansas Motor Home Policy, Form 9635 AR (12/07) and the Arkansas Travel Trailer Policy, Form 3649 AR (12/07), which are pending approval under Arizona File # AR-PC-07-026432.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #: EFT**  
**Amount: \$50.00**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>L070876-AR-RV</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Pet Injury and Personal Effects Coverage Endorsement	Z561 (11/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

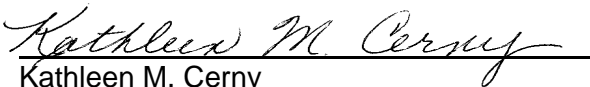
## READABILITY CERTIFICATE

We, Karen A. Kosuda, Assistant Secretary of Progressive Direct Insurance Company, and Kathleen M. Cerny, Assistant Secretary of Progressive Casualty Insurance Company and Progressive Northwestern Insurance Company, certify that the **Pet Injury Coverage Endorsement – Form Z561 (11/07)** achieved a score of **50.0** and complies with the readability requirements of the State of Arkansas when tested in accordance with the Flesch Reading Ease Test.



Karen A. Kosuda  
Assistant Secretary  
Progressive Direct Insurance Company

Date: 12/13/2007



Kathleen M. Cerny  
Assistant Secretary  
Progressive Casualty Insurance Company  
Progressive Northwestern Insurance Company

Date: 12/13/2007





December 13, 2007

**FILED VIA SERFF**

Arkansas Insurance Department  
Property & Casualty Division  
1200 West Third Street  
Little Rock, AR 72201-1904

**RE: Form Filing – Recreational Vehicle (Motor Home & Travel Trailer) – Company File # L070876-AR-RV**  
**PROGRESSIVE CASUALTY INSURANCE COMPANY (NAIC # 155-24260)**  
**PROGRESSIVE DIRECT INSURANCE COMPANY (NAIC # 155-16322)**  
**PROGRESSIVE NORTHWESTERN INSURANCE COMPANY (NAIC # 155-42919)**

**Pet Injury and Personal Effects Coverage Endorsement – Form Z561 (11/07)**

**SERFF Tracking # PRGS-125377084**

Included in this filing is the above-referenced form for your review and approval. The date we propose to begin using this form is **March 31, 2008**. We will notify you if this date changes. This form does not affect rates.

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We have included the required NAIC Property & Casualty Transmittal Document and Certificate of Readability. The required filing fee in the amount of \$50.00 is being submitted via Federal Express.

If you have any questions or want to discuss this filing, please contact me via SERFF, e-mail, or call me at 1-800-321-9843, extension 625-3769. Thank you for your attention to this filing.

Sincerely,

Mary B. Sullivan  
Corporate Counsel  
Direct: (440) 395-3769  
FAX: (440) 395-3790  
E-mail: mary\_b\_sullivan@progressive.com

MBS/aml